



## Student-Employment Form

### Section 2- Completed by Hiring Manager

Cabrini students who will be student employees should complete this portfolio and send it to the Human Resources Department at [humanresources@cabrini.edu](mailto:humanresources@cabrini.edu)

Student Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Department: \_\_\_\_\_

Position Number: SE: \_\_\_\_\_

Supervisor: \_\_\_\_\_

SW: \_\_\_\_\_

Pay Rate per Hour: \_\_\_\_\_

Hours per Week: \_\_\_\_\_

Student Job Title: \_\_\_\_\_

Supervisor Number: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_

Employment End Date: \_\_\_\_\_

**On-Campus:**

**Remote:**

(No Later than 06/30)

Organization Number: 1101- \_\_\_\_\_ -2510 (Non-Work Study)

1101- \_\_\_\_\_ -2520 (Federal Work Study)

I acknowledge that any hours worked in excess of 15 hours per week under the Federal Work Study Program will be paid through my departmental budget. I acknowledge that if the student is not eligible for the Federal Work Study Program, my department has an established budgeted student position. I acknowledge that I have read the rules and regulations that govern the Federal Work Study Program, and I will abide by those regulations. I also understand that student workers are not eligible to work until all paperwork is received by Human Resources.

Hiring Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The Following is to be completed by Human Resources:**

**Job Type:**

**Primary:**

**Secondary:**